

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 576 418

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5		4		4		
6		4		4		
7		4		4		
8		1		1		
9						
10						
11						
12		1		1		
13		1		1		
14		1		1		
15						
16						
17						
18						
19		3		3		
20		3		3		
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50						
TOTAL IND.		↓	9	↓		↓
TOTAL DEP.		←	28	←		←
TOTAL CLAIMS			37			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						